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CONFIRMATION NO. 6948

<b>SERIAL NUMBER</b> 10/506,979	<b>FILING OR 371(c) DATE</b> 09/08/2004 <b>RULE</b>	<b>CLASS</b> 128	<b>GROUP ART UNIT</b> 3772	<b>ATTORNEY DOCKET NO.</b> 062219
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a 371 of PCT/IB03/01422 03/10/2003 which claims benefit of 60/362,441 03/08/2002

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> FRANCE	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 9	<b>INDEPENDENT CLAIMS</b> 1	
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance					
Verified and Acknowledged	Examiner's Signature	Initials			

## ADDRESS

38834

## TITLE

APPARATUS TO ASSIST A PATIENT'S BREATHING WITH A VARIABLE RAMP PERIOD TO RISE TO  
TREATMENT PRESSURE

<b>FILING FEE RECEIVED</b> 760	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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